or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No. 1545-0052

Danad	-	rea I rea	ted as a Private	rounga	LIOH		<u> </u>
		nt of the Treasury evenue Service Note. The foundation may be al	ble to use a copy of this	eturn to sati	sfy state reporting	requirements.	
Force	alei		, and ending				
G C	hecl		return of a former pu		-	Final return	
		· · · · · · · · · · · · · · · · · · ·	ddress change		lame change		
Nam	ne of	foundation			A Emp	loyer identification nun	nder
ηυ	a Tar	GINGRICH FOUNDATION, INC.			P. Tolon	hone number (see page 1	(A of the instructions)
		and street (or P.O. box number if mail is not delivered to street add	ropp)	Room/suite		2-375-2001	to of the manachona)
		5 K STREET, NW	1655)	450	- 	mption application is pend	ding, check here
	_	own, state, and ZIP code	<u></u>	·		reign organizations, chec	. F
		HINGTON DC 20005				reign organizations meeti	
		type of organization: X Section 501(c)(3) exempt priva	te foundation			% test, check here and at	
		on 4947(a)(1) nonexempt charitable trust Other taxa		1		ate foundation status was	
		arket value of all assets at J Accounting method		ccrual	section	on 507(b)(1)(A), check her	e ▶ L
end	of t	year (from Part II, col. (c), Other (specify)				foundation is in a 60-mon	
***********	*******	▶ \$ 97,834 (Part I, column (d) mus	st be on cash basis.)		under	section 507(b)(1)(B), che	ck here
Par	t I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		let investment	(c) Adjusted net	(d) Disbursements for charitable
•	•	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(0) 1	Income	income	purposes
		the amounts in column (a) (see page 11 of the instructions).)					(cash basis only)
-	1	Contributions, gifts, grants, etc., received (attach schedule)	152,60	19			
1	2	Check ▶ ☐ if the foundation is not required to attach Sch. E		- 7	E 7		
l i	3	Interest on savings and temporary cash Investments	2,2	57	57 2,296	· · · · · · · · · · · · · · · · · · ·	
- 1	4	Dividends and interest from securities	2,2	,0	2,290		
	5a	Gross rents					
e	b	Net rental income or (loss)	E /	27			
eu	6a	Net gain or (loss) from sale of assets not on line 10	3,	. /			
Revenue	b	Gross sales price for all assets on line 6a 527			527		
- 1	7	Capital gain net income (from Part IV, line 2)			321	. 0	
	8	Net short-term capital gain					
- 1	9	Income modifications					
'	l0a	Gross sales less returns & allowances					
	b	Less: Cost of goods sold					
1	C 1	Gross profit or (loss) (attach schedule)					
1		Other income (attach schedule) Total. Add lines 1 through 11		9	2,880	0	
4		Compensation of officers, directors, trustees, etc.	1,80				
Ses 1		Other employee salaries and wages					
N 18		Pension plans, employee benefits			i		
Š 16	6a	Legal fees (attach schedule) SEE STMT 1	3,05	9			
ו נו	b	Accounting fees (attach schedule) STMT 2	1,79				
ĕ	c	Other professional fees (attach schedule)					
E 17	7	Interest					
18		Taxes (attach schedule) (see page 14 of the instructions) STMT 3	5	5			
E 19		Depreciation (attach schedule) and depletion					
20		Occupancy					
and Administrative Expen	1	Travel, conferences, and meetings	3,66	2			
E 22	2	Printing and publications Other expenses (att. sch.) STMT 4					
<u>ي</u> 23	3	Other expenses (att. sch.) STMT 4	1	3			
24	ļ	Total operating and administrative expenses.					
23 24 25 25		Add lines 13 through 23	10,38		0	0	
25	;	Contributions, gifts, grants paid	120,00				120,000
26	;	Total expenses and disbursements. Add lines 24 and 25	130,38	7	0	0	120,000
27		Subtract line 26 from line 12:					
a		Excess of revenue over expenses and disbursements	25,10	2			
t	b	Net Investment Income (if negative, enter -0-)			2,880		
	c .	Adjusted net income (if negative, enter -0-)				0	

73,671 25,102 3 3 Other increases not included In line 2 (itemize) ▶ 98,773 4 4 Add Ilnes 1, 2, and 3 5 5 Decreases not included in line 2 (itemize) ▶ Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 98,773 6

Form 990-PF (2010)

Form 990-PF (2010)

Form 990-PF (2010) THE GING	RICH FOUNDATION, INC. Losses for Tax on Investment in	1come				Page 3
(a) List and describe t	the kind(s) of property sold (e.g., real estate, use; or common stock, 200 shs. MLC Co.)	IOOMO	(b) How acquired P—Purchase D—Donation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a MUTUAL FUNDS L.T	. CAP. GAINS					
b						
С	•			ļ		
d			<u> </u>			
<u>e</u>		(=) Cost or	athar brois		(h) Gain	or floss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	147	other basis nse of sale		(e) plus (f)	
a 527						527
b						
c						
d				ļ	•	
e				<u> </u>	·	
Complete only for assets showing g	ain In column (h) and owned by the foundat					(h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	· ·	s of col, (i) . (j), if any	col. (k), but not less than ·0-) Losses (from col. (h))		
	85 01 12/5 11/05		. 0), 11 - 11.9	-		527
<u>a</u>					*******	
<u>b</u>						
d		u				
e						
	If gain, also enter in Part I,	line 7				
Capital gain net income or (net capit	al loss) If (loss), enter -0- in Part I,			2		527
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and (6):					
If gain, also enter in Part I, line 8, co.	lumn (c) (see pages 13 and 17 of the instru	ictions).				
If (loss), enter -0- in Part I, line 8				3		
	r Section 4940(e) for Reduced T			me		
(For optional use by domestic private fou	ndations subject to the section 4940(a) tax	on net invest	ment income.)			
If section 4940(d)(2) applies, leave this p	art blank.					
Man the foundation liable for the section	4942 tax on the distributable amount of an	v vear in the b	ase period?			Yes X No
	under section 4940(e). Do not complete this		γ			
	column for each year; see page 18 of the		efore making any er	ntries.		
(a)	(b)	7.00.000.00.0	(c)			(d)
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of noncharitable-use as:	sets	col. (b) di	ibution ratio ivided by col. (c))
2009	134,100	סו	123,	110		1.089270
2008	202,862	2	99,	987		2.028884
2007	111,600)	61,			1.803287
2006	143,000)	59,			2.397840
2005	21,000)	18,	874		1.112642
						0 401000
2 Total of line 1, column (d)				2		8.431923
	ar base period—divide the total on line 2 b					1 606305
number of years the foundation has b	een in existence if less than 5 years			3		1.686385
			-			119,862
4 Enter the net value of noncharitable-u	se assets for 2010 from Part X, line 5			4	+	110,002
				5		202,133
5 Multiply line 4 by line 3				··· -		
2. Fater 10/ of not investment income (1	% of Dort L line 27h)			6		29
Printer 1.39 Of the fundament uncount (1	% of Part I, line 27b)					
7 Add lines 5 and 6				7	<u>L</u>	202,162
, and injust that the same of						
3 Enter qualifying distributions from Par	t XII, line 4			8		120,000
	7, check the box in Part VI, line 1b, and c					

Part VI instructions on page 18.

200	m 990-PF (2010) THE GINGRICH FOUNDATION, INC. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	instr	ıctions	\	Р	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		20110110			
	Date of ruling or determination letter: (attach copy of letter if necessary—see Instructions)					
b		1				58
-	here ▶ ☐ and enter 1% of Part i, line 27b					
Ċ						
	Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3		···		58
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				58
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) 6c					
ď	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add ilnes 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				58
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶	11				
P	art VII-A Statements Regarding Activities					
1a					Yes	No
	particlpate or intervene in any political campaign?			1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			1		
	of the instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
c	Did the foundation file Form 1120-POL for this year?			1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \$ (2) On foundation managers. \$	_				
е	Enter the relmbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<i></i>		2	*********	X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
ia	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
d	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
\$	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing Instrument, or					
	 By state legislation that effectively amends the governing Instrument so that no mandatory directions that 					
	conflict with the state law remain in the governing instrument?			6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part III, col. (c), and Col. (c),	rt XV		7	X	
а	Enter the states to which the foundation reports or with which It Is registered (see page 19 of the					
	instructions) ▶ GA					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			d8	X	
	ls the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page					4.5
	27)? If "Yes," complete Part XIV			9		<u>x</u> _
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					

names and addresses

Fo	orm 990-PF (2010) THE GINGRICH FOUNDATION, INC.		P	age 5
	Part VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the Instructions)	11		X
12	Did the foundation acquire a direct or Indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13		13	Х	<u> </u>
	Website address ► N/A		224	
14		3/5-	200	!!
	1425 K STREET, NW STE 450 Located at ▶ WASHINGTON DC ZIP+4 ▶ 2000	5		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠		r
15	-			_
			Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	16	103	X
	over a bank, securities, or other financial account in a foreign country?	10		
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter			
· E	the name of the foreign country ▶ #art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	!:::::::::::::::::::::::::::::::::::::	*********	1
000 1 5	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a				
Ia	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	I Von X Mo			
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the henefit at use of a discussified person?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2010?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to Incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20			
а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2010.) N/A	3b	*******	77
a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
)	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		<u>X</u>

Page	6
Fage	•

_	t VII:B Statements Regarding Activities for Which Form	4/20 May be r	reduired (con	unuea)	
	During the year did the foundation pay or incur any amount to:			_	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section		⊔ `	res X No	
1	(2) Influence the outcome of any specific public election (see section 4955); or		П,	res 🗓 No	
	directly or indirectly, any voter registration drive?				
	3) Provide a grant to an individual for travel, study, or other similar purposes?			res X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in		res X No	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the inst	ructions)	⊔	ies zi No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, o	egucational		res X No	
	purposes, or for the prevention of cruelty to children or animals?	or the expentions of	incoribed in	163 [10	
b l	f any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und Regulations section 53.4945 or in a current notice regarding disaster assistance	er the exceptions of the	e instructions)?	N/A	5b
	regulations section 53.4945 or in a current notice regarding disaster assistance of the Driganizations relying on a current notice regarding disaster assistance check he				
				,	
C 11	the answer is "Yes" to question 5a(4), does the foundation claim exemption from	All tile tax	n/a □ ⋅	res No	
D 1	ecause it maintained expenditure responsibility for the grant?		T.14.TT 🗀		
	"Yes," attach the statement required by Regulations section 53.4945-5(d). Old the foundation, during the year, receive any funds, directly or indirectly, to page	ou nremiume			
	nd the loundation, during the year, receive any lunds, directly of indirectly, to pe	y promiditio	\Box	res 🗓 No	
	n a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contr	ract?		6b X
		Contraction Contraction		,	
70 ` 4	"Yes" to 6b, file Form 8870. t any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		res X No	
ta A	Yes, dld the foundation receive any proceeds or have any net income attributa	ble to the transacti		N/A	7b
	VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,
******	and Contractors			-	
1 Lis	all officers, directors, trustees, foundation managers and their compensa	lion (see page 22	of the instruction	ıs).	
		(b) Title, and average	(c) Compensation	(d) Contributions to	f=1.5
	(a) Name and address	hours per week	(if not paid, enter	employee benefit plans and deferred	(e) Expense account, other allowances
		devoted to position	-0-)	compensation	
SEE	STATEMENT 6				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				:	
				- 444	t
	•				
2 Cc	ompensation of five highest-paid employees (other than those included on	line 1 — see page	e 23 of the instru	ctions).	
2 Cc		line 1 — see page	e 23 of the instru		
2 Cc	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average		ctions). (d) Contributions to employee benefit	(e) Expense account
2 C	ompensation of five highest-paid employees (other than those included on	(b) Title, and average hours per week	e 23 of the instru	(d) Contributions to employee benefit plans and deferred	(e) Expense account other allowances
2 Cc	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average		(d) Contributions to employee benefit	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	
2 Co	ompensation of five highest-paid employees (other than those included on none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	

Form 990-PF (2010) THE GINGRICH FOUNDATION, INC. Part VIII Information About Officers, Directors, Trustees, Foundation Manage	rs. Highly Paid Emplo	Pag Yees,
and Contractors (continued)	,,	
3 Five highest-paid independent contractors for professional services (see page 23 of the instruction	ns). If none, enter "NONE.'	1
. (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services	<u></u> <u>Þ</u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the number of	Expenses
1 N/A		
·		
2		
3		
⁴		
Part IX-B Summary of Program-Related Investments (see page 24 of the instr	uctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
N/A		
		y totto-
ll other program-related investments. See page 24 of the instructions.		

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qualifies for the section 4940(e) reduction of tax in those years.



Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 63,878 Average monthly fair market value of securities 1a 57,809 1b Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions) С 121,687 1d Total (add lines 1a, b, and c) ď Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) ________1e Acquisition indebtedness applicable to line 1 assets 2 121,687 3 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 11/2 % of line 3 (for greater amount, see page 25 of 4 1,825 4 119,862 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 5 5,993 Minimum investment return. Enter 5% of line 5 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here | and do not complete this part.) 5,993 58 Tax on investment income for 2010 from Part VI, line 5 2a Income tax for 2010. (This does not include the tax from Part VI.) Add lines 2a and 2b 2¢ С 5,935 Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 5,935 5 Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 5,935 line 1 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 120,000 1a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 Program-related investments—total from Part IX-B 1b b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 120,000 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) 120,000 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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			Ja.
Station of the last			80
			96
\$500.000000		10000000	S01
2000		5 C. A. S.	March.
- Environment	The Contract of the Contract of	Section of the second	1000

₩P	art XIII Undistributed Income (see page 26 o	of the instructions)	I		
		(a)	(b)	(c)	(d) 2010
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	
	line 7				5,935
2	Undistributed income, if any, as of the end of 2010:				
	Enter amount for 2009 only				
- -	Total for prior years: 20 , 20 , 20				
	Excess distributions carryover, if any, to 2010:				
3		6			
	1000				
D	1 1000 2000				
	1000 200				
		—toooxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
	1 10111 2000				
f	Total of lines 3a through e	394,310			
4	Qualifying distributions for 2010 from Part XII,				
	line 4: ▶ \$ 120,000				
	Applied to 2009, but not more than line 2a				
b	Applied to undistributed Income of prior years				
	(Election required—see page 26 of the instructions)				
G	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				5,935
d	Applied to 2010 distributable amount				5,933
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2010				
_	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
U	indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	708,583			
	Prior years' undistributed income. Subtract				
Đ					
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed		-		
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
ď	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2009. Subtract line				
	4a from line 2a. Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2010. Subtract lines				
	4d and 5 from line 1. This amount must be				0
	distributed in 2011				-
	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)		-		
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)	20,056			
	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	688,527			
	Analysis of line 9:				
	Excess from 2006 140,018	3			
	Excess from 2007 108,500	5			
	Excess from 2008 197,93				
	Excess from 2009 127,999				
	Excess from 2010	—(************************************			
U	LAUGOS HUIII 2010				Form 990-PF (2010)

	990-PF (2010) THE GINGRICE **EXIV** Private Operating For	***************************************		structions and Per	t VII-A guestion 0	Pag 1
***************************************	If the foundation has received a ruling or				t vii-A, question a)
	foundation, and the ruling is effective for			ating		
	Check box to indicate whether the found			ribed in section	1942(j)(3) or 494	2(j)(5)
	Enter the lesser of the adjusted net	Tax year	lating foundation desc	Prior 3 years	1342()(3) 01 434	2()(0)
	ncome from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	nvestment return from Part X for	(4) 2010	(5) 2500	(0) 2000	(4) 2001	
	b P. A b				į	
	each year listed		-	-	:	
	Qualifying distributions from Part XII,					
	ne 4 for each year listed					
	mounts included in line 2c not used directly					
	or active conduct of exempt activities					
	Qualifying distributions made directly					**************************************
	or active conduct of exempt activities.					
	ubtract line 2d from line 2c					
	omplete 3a, b, or c for the					
	Iternative test relied upon:					
a "/	Assets" alternative test-enter:					
(1) Value of all assets					
(2	Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		<u>]</u>			
b "E	Indowment" alternative test—enter 2/3					
of	minimum investment return shown in					
Pε	art X, line 6 for each year listed					
c "S	Support" alternative test—enter:					
(1)) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
121	Support from general public					
(2)	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
(3)	Largest amount of support from					
	an exempt organization					-
	Gross investment income					
Part)					ad \$5,000 or more	in assets at
	any time during the yea	ar—see page 28	of the instruction	ns.)		
	ormation Regarding Foundation Mana	•				
	t any managers of the foundation who h				•	
	ore the close of any tax year (but only if	they have contribute	ed more than \$5,000).	(See section 507(d)(2)).)	
	R. NEWTON GINGRICH					
	any managers of the foundation who o		•		portion of the	
	nership of a partnership or other entity) o	of which the foundati	on has a 10% or great	ter interest.		
N/						
	ormation Regarding Contribution, Gra					
	eck here 🕨 🔀 if the foundation only m					
	olicited requests for funds. If the founda			of the instructions) to	individuals or	
	anizations under other conditions, comp					
	name, address, and telephone number	of the person to who	om applications shoul	d be addressed:		
N/	A					
	- Marie - Mari		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·		
	form in which applications should be su	bmitted and informa	tion and materials the	y should include:		
N/				••••	·	
	submission deadlines:					
N/.						
	restrictions or limitations on awards, su	ch as by geographic	al areas, charitable fie	elds, kinds of institution	ns, or other	
facto						
и/.	76					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or contribution Recipient status of Amount any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year SEE STATEMENT 7 120,000 120,000 ▶ 3a Approved for future payment N/A **▶** 3b Total

	(2010) THE GINGRICH FOUNDATION A Analysis of Income-Producing Act					Page 12
	mounts unless otherwise Indicated.		d business income	Excluded by	section 512, 513, or 514	(e)
Lines gross a		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program	service revenue:	ļ .				the instructions.)
b						- 1774
	·			-		
	·			 		
	· · · · · · · · · · · · · · · · · · ·	ļ		 -		
f	- Manager 19			<u> </u>		
	and contracts from government agencies					
2 Membersh	nip dues and assessments			1 4 4		
	savings and temporary cash investments			14	57	
	and interest from securitles			14	2,296	
	income or (loss) from real estate:					
a Debt-fi	inanced property					
b Not de	bt-financed property					, ,
6 Net rental i	income or (loss) from personal property			<u> </u>		
7 Other invest	stment income					to and the
8 Gain or (lo	ss) from sales of assets other than inventory			14	527	
9 Net income	e or (loss) from special events					
10 Gross profi	it or (loss) from sales of inventory					
11 Other rever						·····
b						
-1						·
е						
2 Subtotal. A	dd columns (b), (d), and (e)		0		2,880	0
	line 12, columns (b), (d), and (e)			_	13	2,880
See worksheet	in line 13 instructions on page 29 to verify calculation	ns.)				
Part XVI-B			ent of Exempt Pu	ırposes		
Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpos					of the
	instructions.)					
N/A						
~~~~						
		0.5				
		+				
					Miles	
			· · · · · · · · · · · · · · · · · · ·	***		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				· ••• • • • • • • • • • • • • • • • • •	
						1.7040

4		Exempt Organiz	ations			
1 /	Did the org			any of the following with a	ny other organization described	Yes No
j	in section 5	01(c) of the Code (oth	er than section 50	)1(c)(3) organizations) or in	section 527, relating to politic	al
			dation to a noncha	aritable exempt organizatio	n of:	
						1a(1) X
	Other trans					
(	(1) Sales o	f assets to a noncharit	able exempt orga	nization		1b(1) X
(	(2) Purchas	ses of assets from a n	oncharitable exen	npt organization		1b(2) X
(	5) Loans o	r loan guarantees		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
					olumn (b) should always show	, , , , , , , , , , , , , , , , , , ,
d II	t the answe	er to any of the above i	s "Yes," complete	) the following schedule. Co	. If the foundation received les	s than fair market
V	alue oi tile	goods, outer assets, t	or services giveri i	by the reporting foundation	of the goods, other assets, or	services received.
	Line no.	(b) Amount involved	(c) Name of non	ncharitable exempt organization	(d) Description of transf	ers, transactions, and sharing arrangements
<u> </u>						
,						
		71-112				
				***		
						-
						- to desire the second
				·		
			A. A. r. am			
				· · · · · · · · · · · · · · · · · · ·		
de	escribed in	section 501(c) of the (	Code (other than :	or related to, one or more section 501(c)(3)) or in sec		Yes X N
D II		plete the following sch Name of organization	ledule.	(b) Type of organization	(c) D	escription of relationship
	(~,					
n/	A					
N/	A					
N/	A	and and the second seco				
N/	A					
N/	'A					
N/		alties of perjury, I declare	that I have examine	d this return, including accomp	anying schedules and statements.	and to the best of my knowledge and
-		alties of perjury, I declare true, correct, and complet	that I have examine	d this return, including accomp sparer (other than taxpayer or t	Iduciary) is based on an information	and to the best of my knowledge and n of which preparer has any knowledge.
gn	Under pen belief, it is	true, correct, and complet	that I have examine te, Declaration of pre	eparer (other than taxpayer of t	ME	and to the best of my knowledge and n of which preparer has any knowledge. ANAGER
gn	Under pen belief, it is	alties of perjury, I declare true, correct, and complet ture of officer or trustee	that I have examine te. Declaration of pre	eparer (other than taxpayer of t	Iduciary) is based on an information	if of which properly has any knowledge.
gn	Under penbellef, it is	true, correct, and complet	that I have examine te. Declaration of pre	eparer (other than taxpayer of t	ate MZ	ANAGER  Date Check
gn ere	Under penbelief, it is Signal	true, correct, and complet ture of officer or trustee the preparer's name	le, Declaration of pre	D. Preparer's slg	ate MZ Title	ANAGER  Date Check seif-employee
gn ere	Under penbellef, it is Signal Print/Typ	true, correct, and complet ture of officer or trustee the preparer's name	EIN, CPA	Preparer's sig	ate Minormator  insture  J. PEARLSTEIN, CP	ANAGER  Date Check seif-employe
gn ere id	Under penbellef, it is Signat Print/Typ r MICHAI	ture of officer or trustee the preparer's name  EL J. PEARLST  THE MENDE:	EIN, CPA	Preparer's slg  MICHAEL ENDELSON, CPA	ate Martine  J. PEARLSTEIN, CP. 'S A P.C.	ANAGER  Date Check seif-employee
gn ere	Under penbellef, it is Signal Print/Typ	ture of officer or trustee the preparer's name  EL J. PEARLST  THE MENDE:	EIN, CPA LSON & ME	Preparer's sig	ate Martine  J. PEARLSTEIN, CP. 'S A P.C.	ANAGER  Date Check seif-employe

## Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer Identification number

Organization type (chec	H FOUNDATION, INC.
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
instructions. General Rule X For an organization	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See  in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.
Special Rules	
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts
thė year, aggregate	. )(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
the year, contribution aggregate to more to year for an exclusive applies to this organization.	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during one for use exclusively for religious, charitable, etc., purposes, but these contributions did not than \$1,000. If this box is checked, enter here the total contributions that were received during the ely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule dization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
0-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, ust answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE GINGRICH FOUNDATION, INC.

Employer Identification number

Pa	Contributors (see instructions)		
(a No	` '	(c) Aggregate contributions	(d) Type of contribution
.1	GINGRICH HOLDINGS 1425 K STREET, NW SUITE 450 WASHINGTON DC 20005	\$ 152,609	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	•	(c) Aggregate contributions	(d) Type of contribution
• • • • • •		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

## Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

	Description .  INDIRECT LEGAL FEES  TOTAL
Statement 2 - Form 990-PF, Part I, Line 16b - Acc	Total Investment \$ 3,059 \$ \$ 3,059 \$
ccounting Fees	Adjusted Net
	Charitable Purpose \$ 0

Description  EXCISE TAX BASED ON INVESTMENT I  TOTAL		Description INDIRECT ACCOUNTING FEES TOTAL
Total   Net   S   55   \$	Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	Total Investment  \$ 1,798 \$ 0  \$ 1,798 \$ 0  \$ 1,798 \$ 0
Adjusted Net		Adjusted Net
Charitable Purpose \$		Charitable Purpose  \$ 0

## Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

EXPENSES BANK SERVICE CHARGES TOTAL	Description
13	Total
φ	Net Investment
\$ \$	Adjusted Net
\$	Charitable Purpose

## Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description MUTUAL FUNDS TOTAL
Beginning of Year \$ 64,194 \$ 64,194
End of Year \$ 67,017 \$ 67,017
Basis of Valuation
Fair Market Value \$ 66,078 \$ 66,078

# Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

1	Title	Average Hours	Compensation	Benefits	Expenses
CALLISTA GINGRICH 5555 GLENRIDGE CONNECTOR ATLANTA GA 30342	PRESIDENT	1.00	0	0	Expenses
SONYA HARRISON 5555 GLENRIDGE CONNECTOR ATLANTA GA 30342	TREASURER	1.00	1,800	0	
NEWTON GINGRICH 5555 GLENRIDGE CONNECTOR ATLANTA GA 30342	BOARD MEMBER	1.00	0	0	
KATHY LUBBERS 5555 GLENRIDGE CONNECTOR ATLANTA GA 30342	BOARD MEMBER	1.00	· O		
JACKIE SUE CUSHMAN 5555 GLENRIDGE CONNECTOR ATLANTA GA 30342	BOARD MEMBER	1.00	0	0	
STEFAN PASSANTINO 5555 GLENRIDGE CONNECTOR ATLANTA GA 30342	SECRETARY	. 1.00	0	0	

_	$\wedge A$	<b>^</b> 1	أده	C	40	40	m	A F	nts
	64(1	$\boldsymbol{\omega}$	~	0	17	16-5	$\mathbf{H}$	ен	115

## Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

		Name of Manager	 Amount
MR.	NEWTON	GINGRICH	\$
	TOTAL		\$ 0

# Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

WASHINGTON DC 20090 TOTAL	BREAST CANCER RESEARCH  NEW YORK NY 10022  ALZHEIMER'S ASSOCIATION		MOUNT PARAN CHRISTIAN SCH KENNESAW GA 30152 THE WALKER SCHOOL MARIETTA GA 30062	ATLANTA GA 30305 ARTHRITIS FOUNDATION 510 FORT LAUDERDALE FL 33309	THE ATLANTA BALLET ATLANTA GA 30318 LEARNING MAKES A	AMERICAN MUSEUM OF NATURA NEW YORK NY 10024 WASHINGTON NATIONAL OPERA WASHINGTON NATIONAL OPERA		Name Address MOUNT VERNON ASSOCIATION
NONE 501(C)(3)	NONE NONE NONE	700 COLLEGE DRIVE 501(C)(3)  NONE 501(C)(3)  225 PEACHTREE INDUSTRIAL	75 STANLEY ROAD NONE NONE NONE NONE	NONE 11 NW 21ST AVE.	NONE 501(C)(3) 1695 MARIETTA BLVD; NW NONE 501(C)(3) 2870 PEACHTREE ROAD	NONE CENTRAL PARK WEST AT 79TH NONE S01(C)(3) 2600 WASHINGTON AVE; NW	NONE 400 MICHIGAN AVENUE, NE NONE 8145 MAJOR'S ROAD 501(C)(3)	Address  Relationship Status  3200 GEORGE WASHINGTON PA
UNRESTRICTED	UNRESTRICTED UNRESTRICTED	UNRESTRICTED  UNRESTRICTED	UNRESTRICTED		UNRESTRICTED UNRESTRICTED	UNRESTRICTED UNRESTRICTED	UNRESTRICTED UNRESTRICTED	Ригрозе
120,000	3,000	2,500	10,000 2,500	5,000	10,000	1,000	10,000	Amount

## Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-187	

Department of the Treasury

For calendar year 2010, or fiscal year beginning ______, 2010, and ending _____, 20 _____,

Do not send to the IRS. Keep for your records.

See instructions on back.

2010

Name of exempt organization	Employer Identification number
THE GINGRICH FOUNDATION, INC.	
Name and title of officer MR. NEWTON GINGRICH MANAGER	
Part Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fror	m the
return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed	with
this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you	u entered
-0- on the return, then enter -0- on the applicable line below. <b>Do not</b> complete more than 1 line in Part I.	
1a Form 990 check here F L b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here 🕨 📗 b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here X b Tax based on investment Income (Form 990-PF, Part VI, line 5)	4b 58
5a Form 8868 check here ▶ ☐ b Baiance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, the	
correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organ	
electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERC	
organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection	
transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applica	
the U.S. Treasury and its designated Financial Agent to Initiate an electronic funds withdrawal (direct debit) entry to the U.S.	
institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on the	
and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury	
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the fir involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the	
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	organization o
Officer's PIN: check one box only	
MENDET GOVERNMENT GOVERNMENT A D. G.	
•	as my signature Enter five numbers, but
	lo not enter all zeros
on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authoritationed ERO to enter my PIN on the return's disclosure consent screen.	of the return ize the
	otra nicolly
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electifiled return. If I have Indicated within this return that a copy of the return is being filed with a state agency(les)	) regulating
charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date	08/11/11
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	
	do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the or	
ndicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernia	zed e-File
MeF) Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature  Date	**************************************
ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To D	00 So

or Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2010)